2011 Military Health System Conference

Stitch in Time: Enabling Change Using Computers

Innovative Uses of Information Technology Helping Providers to Care

The Quadruple Aim: Working Together, Achieving Success

CAPT Joseph G. McQuade MD MS
Director for Public Health, NH Jacksonville FL

January 2011

Report Documentation Page

Form Approved
OMB No. 0704-0188

1. REPORT DATE	2. REPORT TYPE	3. DATES COVERED
JAN 2011		**00-00-2011 to 00-00-2011**

4. TITLE AND SUBTITLE	5a. CONTRACT NUMBER
Stitch in Time: Enabling Change Using Computers: Innovative Uses of Information Technology Helping Providers to Care	5b. GRANT NUMBER
	5c. PROGRAM ELEMENT NUMBER
6. AUTHOR(S)	5d. PROJECT NUMBER
	5e. TASK NUMBER
	5f. WORK UNIT NUMBER
7. PERFORMING ORGANIZATION NAME(S) AND ADDRESS(ES) **Naval Hospital Jacksonville,Public Health,Jacksonville,FL,32212**	8. PERFORMING ORGANIZATION REPORT NUMBER
9. SPONSORING/MONITORING AGENCY NAME(S) AND ADDRESS(ES)	10. SPONSOR/MONITOR'S ACRONYM(S)
	11. SPONSOR/MONITOR'S REPORT NUMBER(S)

12. DISTRIBUTION/AVAILABILITY STATEMENT
Approved for public release; distribution unlimited

13. SUPPLEMENTARY NOTES
presented at the 2011 Military Health System Conference, January 24-27, National Harbor, Maryland

14. ABSTRACT

15. SUBJECT TERMS

16. SECURITY CLASSIFICATION OF:			17. LIMITATION OF ABSTRACT	18. NUMBER OF PAGES	19a. NAME OF RESPONSIBLE PERSON
a. REPORT **unclassified**	b. ABSTRACT **unclassified**	c. THIS PAGE **unclassified**	**Same as Report (SAR)**	**25**	

OBJECTIVES: Stitch in Time

- Discuss innovative tools to help **focus providers and clinical staff** on preventive health measures recommended to be assessed at every patient care visit.

- Explain to clinical staff representatives and to providers how printing of automated Stitch in Time forms at the beginning of each day for all scheduled patients at every command clinic makes a difference in the consistency of care provided.

OBJECTIVES: Stitch in Time

- Discuss how simple tools using the concepts of **consistency** in preventive health counseling with the demand of time efficiency for providers of care to create an easy and workable solution to helping our clinics achieve high scores for preventive health metrics.

What is a Stitch in Time? … a reminder.

- Naval Hospital Jacksonville **automated** the collection of data *and* printing of a Stitch in Time provider reminder to help focus preventive care for our patients at every clinic visit.

- The form consolidates information from CHCS, AHLTA, and the Population Health Navigator. Data is extracted *every night* keeping the form up to date placed into a format easy to print each morning by front desk staff for every scheduled patient encounter across the command.

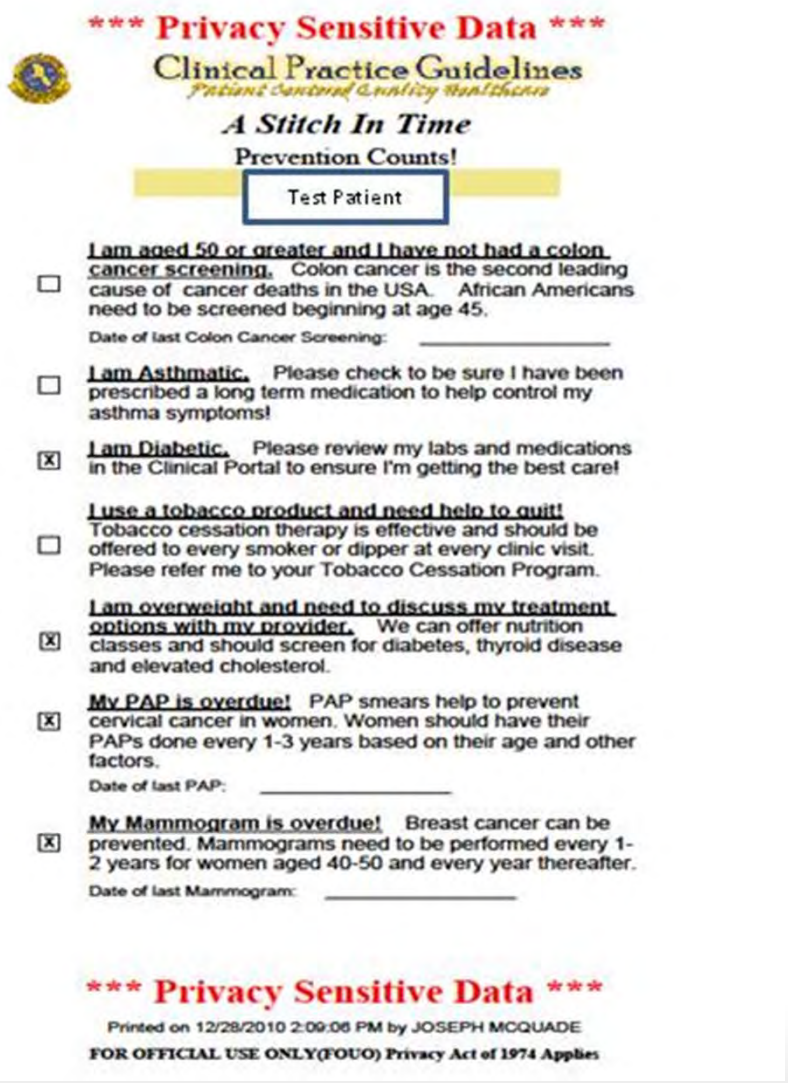
- Using accessible manufactured resources such as .NET and SQL Server reporting services we pre-processed the data into consolidation locations enabling easy to print reports.

Provider reminders do work.

AHRQ survey from 2008 showed 74% of the studies of preventive healthcare reminders reported a positive impact.

Computer systems, however, were not statistically superior to manual reminder systems. A string tied to the providers finger may work best.

Front desk staff clicks one button to print.



*** Privacy Sensitive Data ***

Clinical Practice Guidelines

Patient Centered Quality Healthcare

A Stitch In Time

Prevention Counts!

Test Patient

☐ **I am aged 50 or greater and I have not had a colon cancer screening.** Colon cancer is the second leading cause of cancer deaths in the USA. African Americans need to be screened beginning at age 45.

Date of last Colon Cancer Screening: _____

☐ **I am Asthmatic.** Please check to be sure I have been prescribed a long term medication to help control my asthma symptoms!

☒ **I am Diabetic.** Please review my labs and medications in the Clinical Portal to ensure I'm getting the best care!

☐ **I use a tobacco product and need help to quit!** Tobacco cessation therapy is effective and should be offered to every smoker or dipper at every clinic visit. Please refer me to your Tobacco Cessation Program.

☒ **I am overweight and need to discuss my treatment options with my provider.** We can offer nutrition classes and should screen for diabetes, thyroid disease and elevated cholesterol.

☒ **My PAP is overdue!** PAP smears help to prevent cervical cancer in women. Women should have their PAPs done every 1-3 years based on their age and other factors.

Date of last PAP: _____

☒ **My Mammogram is overdue!** Breast cancer can be prevented. Mammograms need to be performed every 1-2 years for women aged 40-50 and every year thereafter.

Date of last Mammogram: _____

*** Privacy Sensitive Data ***

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Identify, then diagnose and treat.

- Shares clinical workload, helps nurses and ancillary staff identify what preventive clinical measures a patient needs.
- Complements the medical home concept: do for each patient what they need most.
- Sets the tone / provides a focus for medical home implementation.

A ***Systems Approach*** to care, it facilitates standardization.

- Enables every clinic to have more clearly established and measurable goals.

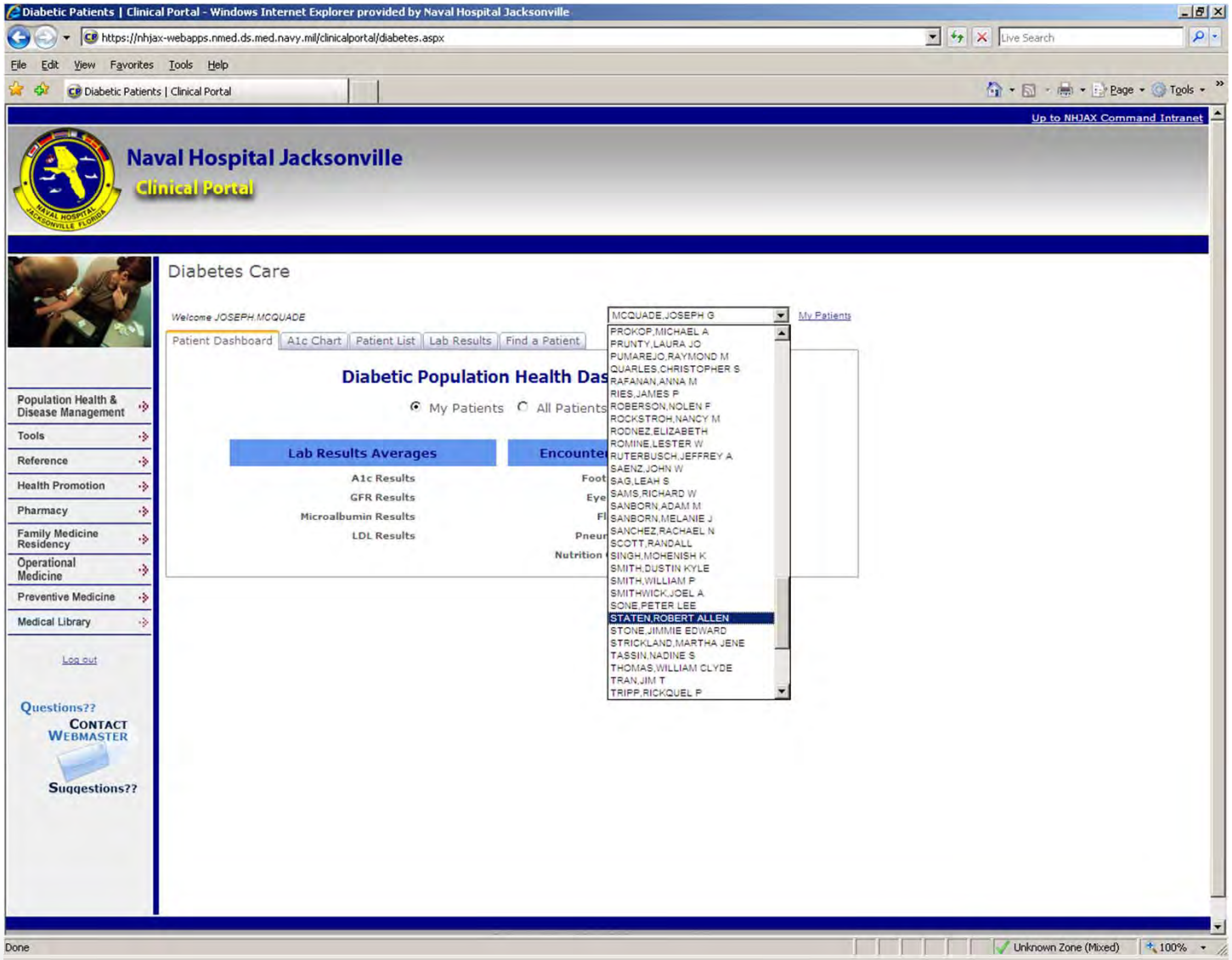
- Standardizes the care provided to a much greater degree than relying on the consistency of providers to remember to focus on all preventive care areas.

The Clinical Portal supports the Stitch in Time.

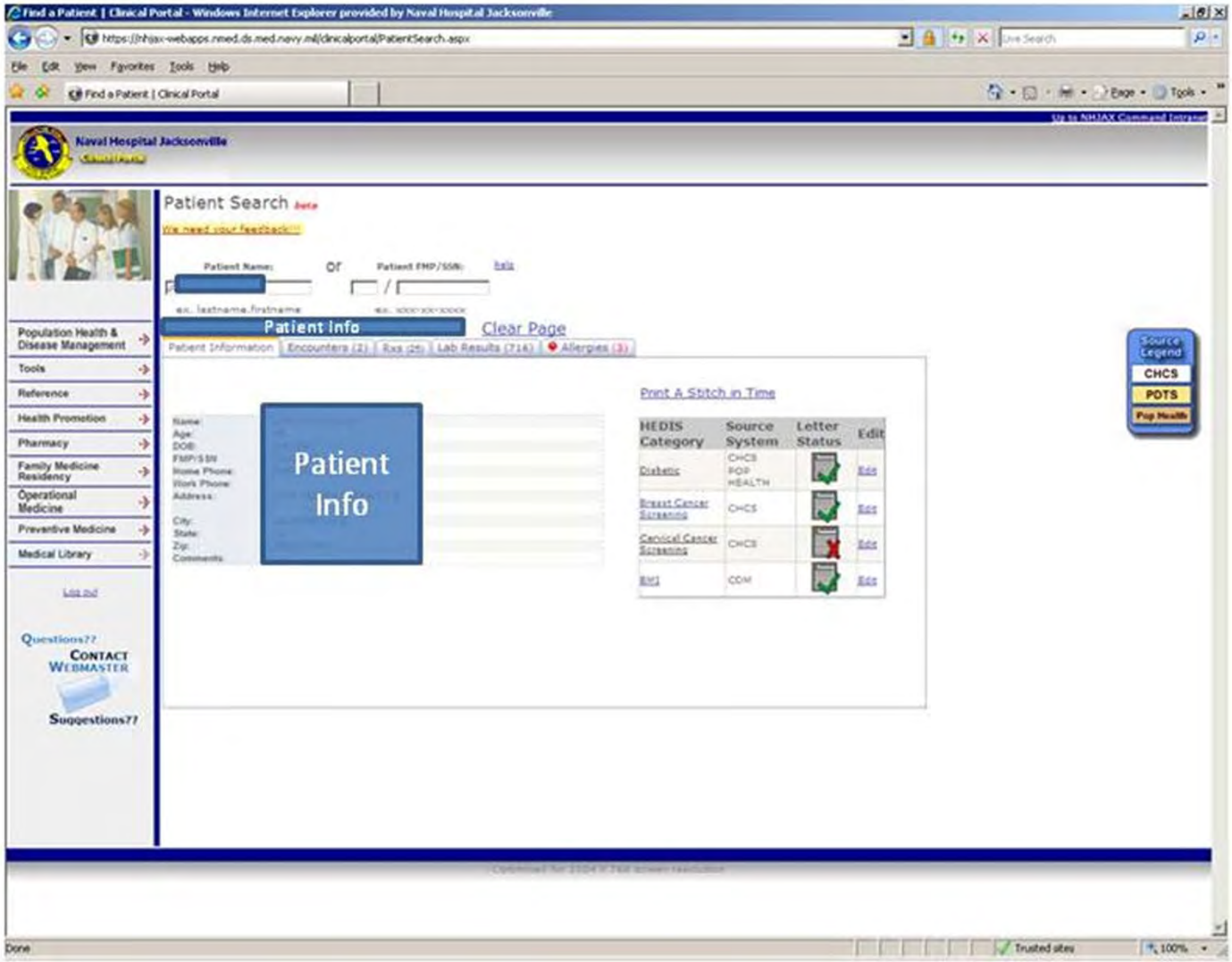
Uses Pop Health Navigator data with yesterday's lab results.

Quick access to patient-centered resources.

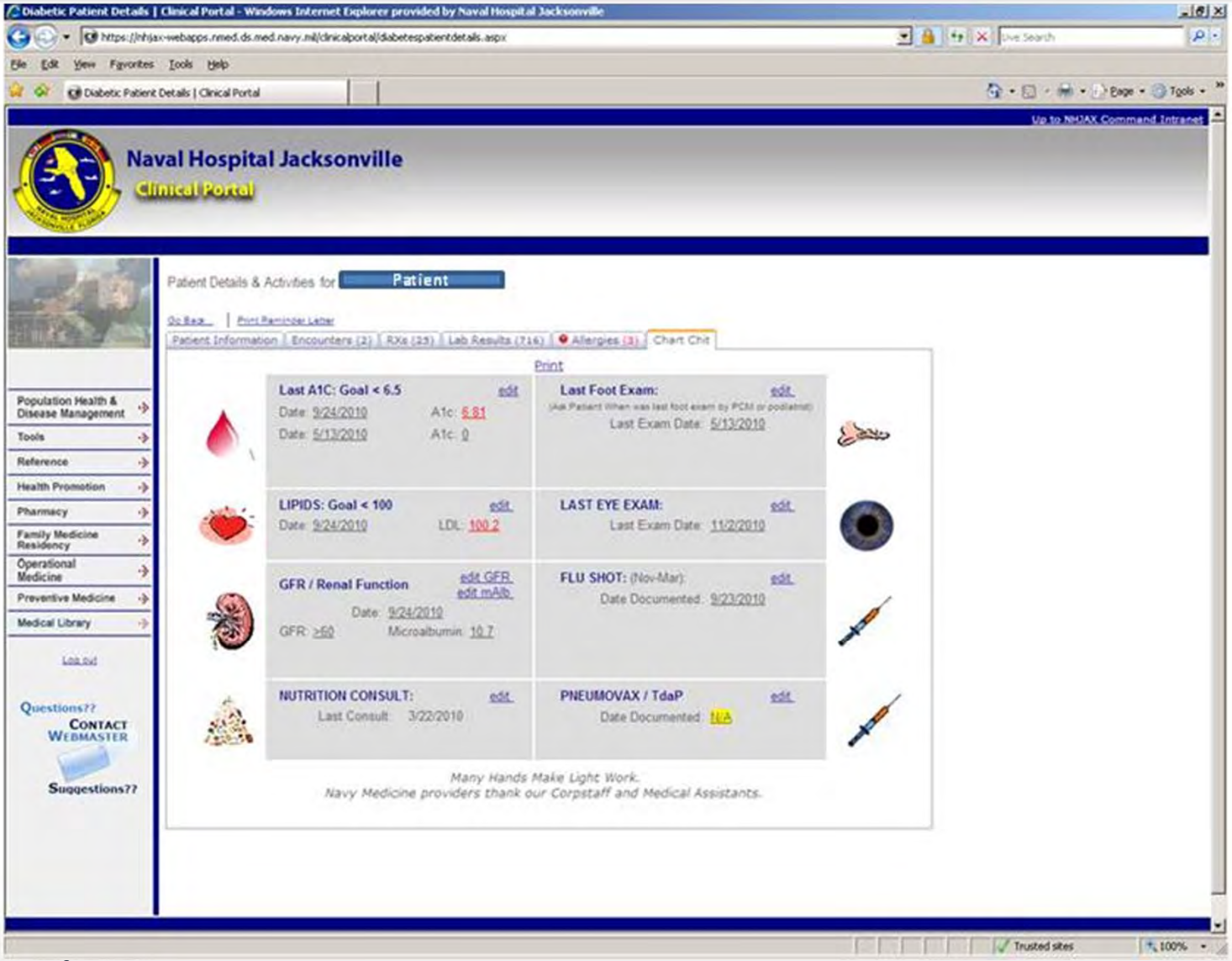
Providers ***and*** nurses can review data.



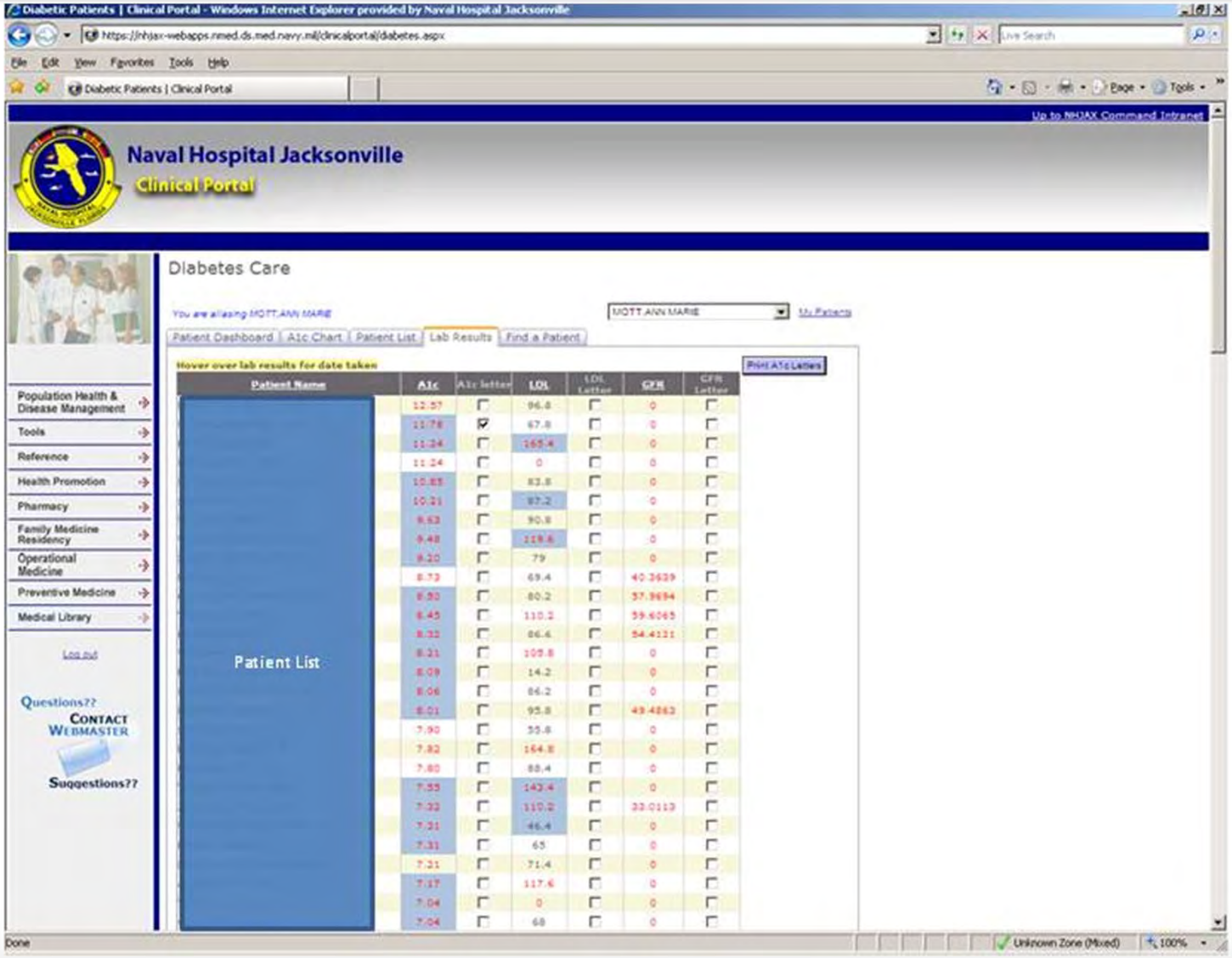
Quick Search finds patient, identifies chronic conditions.



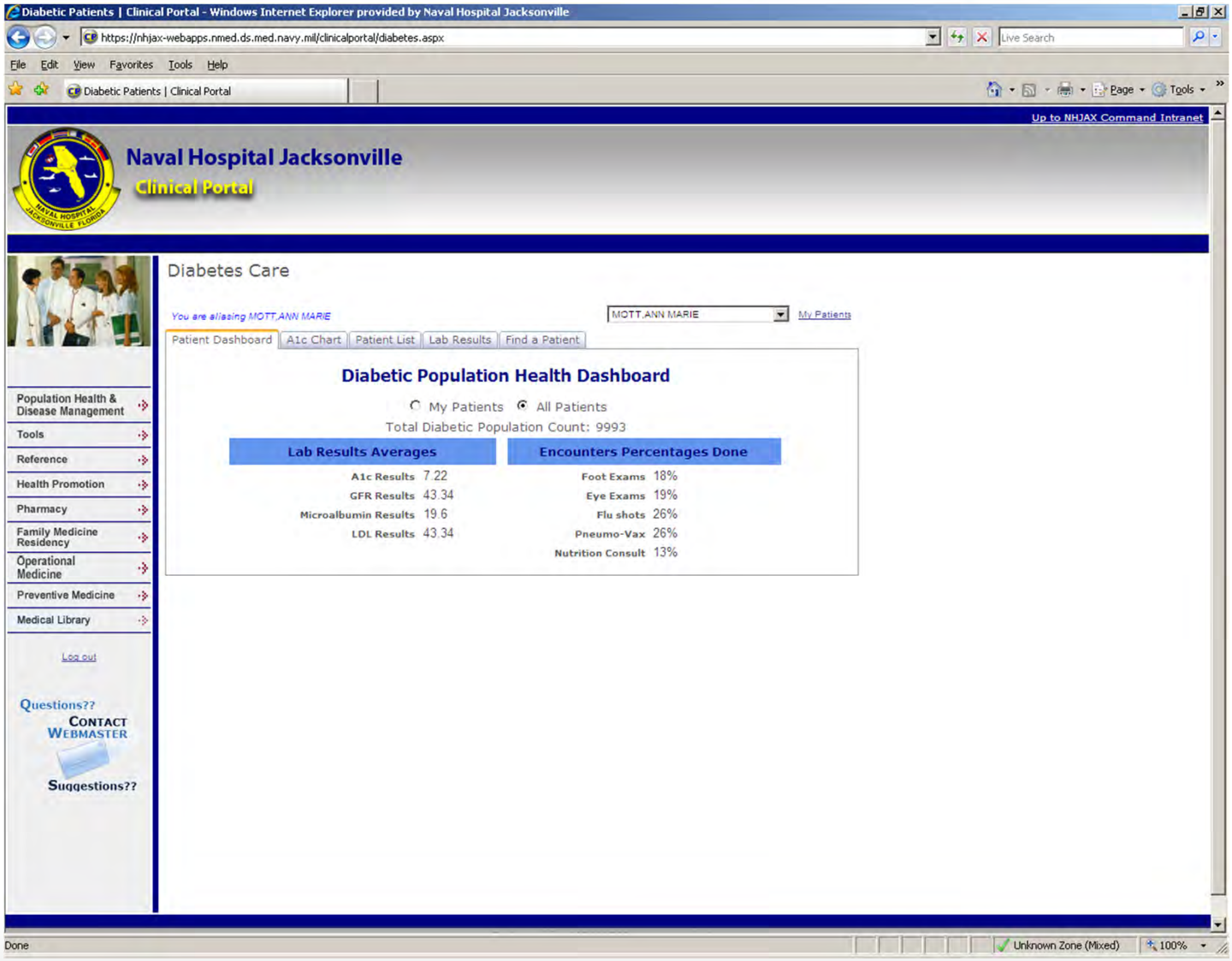
“Chart chit” collects the diabetes vital signs in one spot.



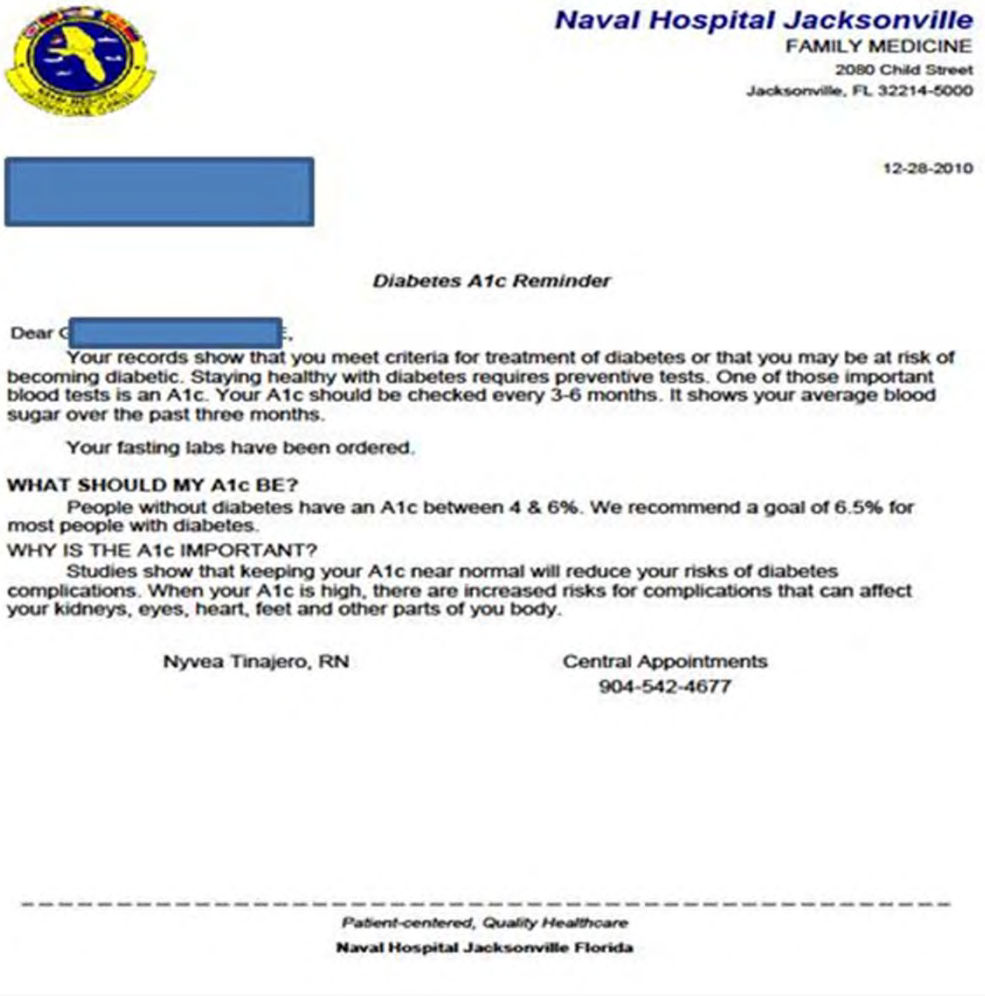
Providers can at-a-glance see LDL, GFR, and A1C.



Metrics matter.



Letters to patients.



Naval Hospital Jacksonville
FAMILY MEDICINE
2080 Child Street
Jacksonville, FL 32214-5000

12-28-2010

[redacted]

Diabetes A1c Reminder

Dear [redacted],

Your records show that you meet criteria for treatment of diabetes or that you may be at risk of becoming diabetic. Staying healthy with diabetes requires preventive tests. One of those important blood tests is an A1c. Your A1c should be checked every 3-6 months. It shows your average blood sugar over the past three months.

Your fasting labs have been ordered.

WHAT SHOULD MY A1c BE?

People without diabetes have an A1c between 4 & 6%. We recommend a goal of 6.5% for most people with diabetes.

WHY IS THE A1c IMPORTANT?

Studies show that keeping your A1c near normal will reduce your risks of diabetes complications. When your A1c is high, there are increased risks for complications that can affect your kidneys, eyes, heart, feet and other parts of you body.

Nyvea Tinajero, RN

Central Appointments
904-542-4677

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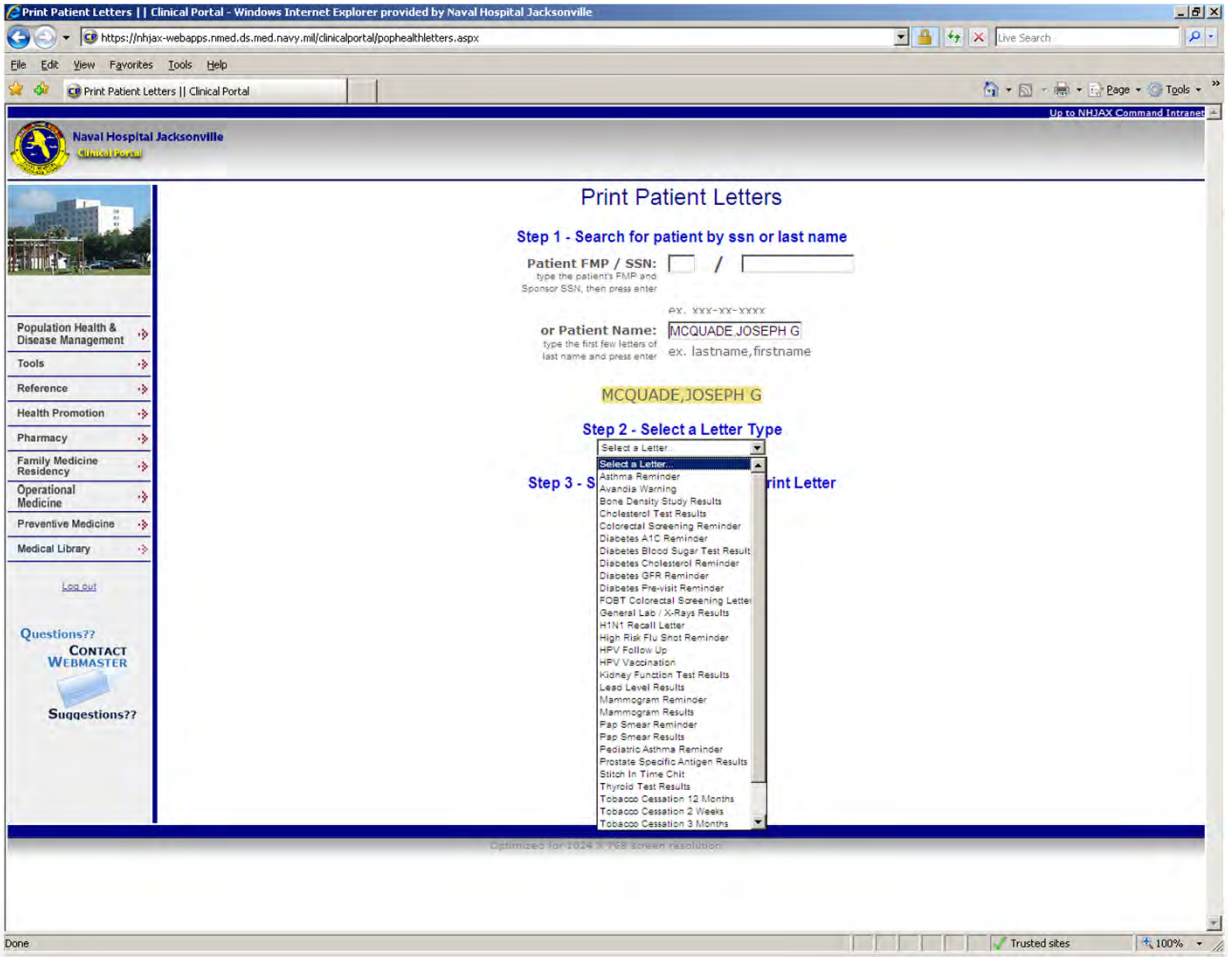
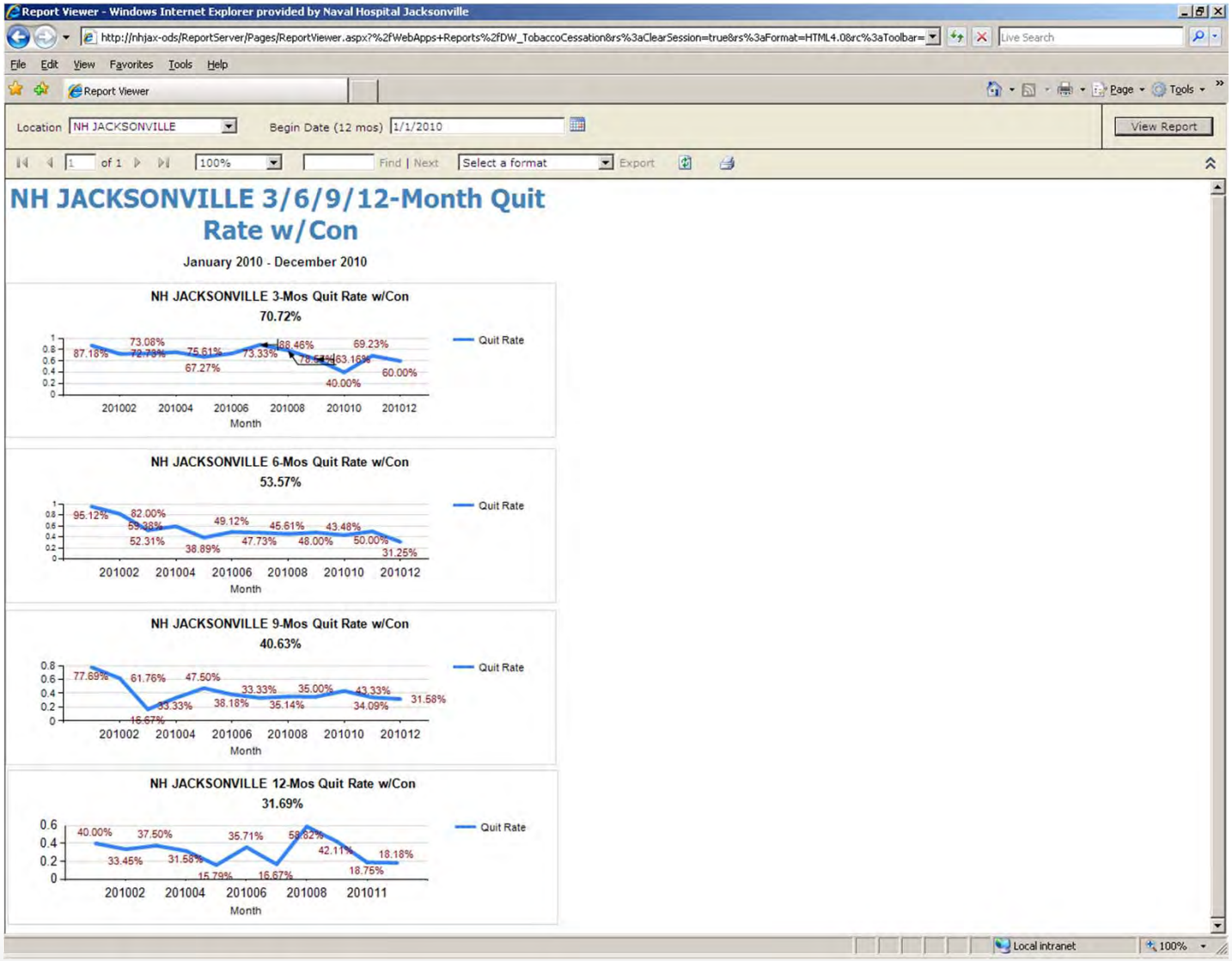
Naval Hospital Jacksonville Florida

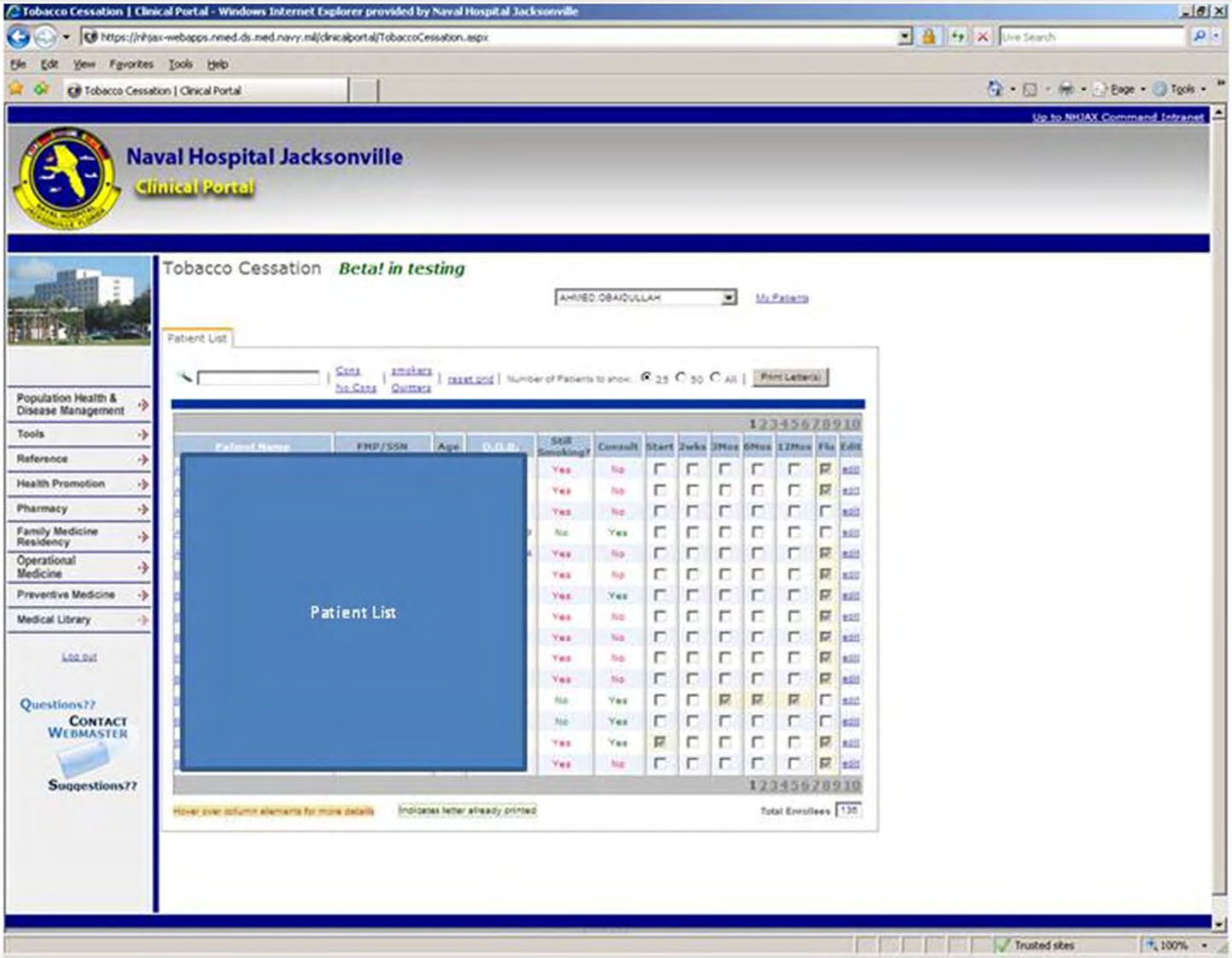
Letters help our providers speak to our patients.



We use the Clinical Data Mart to show our providers their data.



Tobacco Cessation: Numbers allow real ***disease management***.



We stay with the patient, send letters, audiocare.

Naval Hospital Jacksonville
FAMILY MEDICINE
2080 Child Street
Jacksonville, FL 32214-5000

[redacted]

Quitting tobacco can be very hard, but with help, you can do it!

Dear [redacted]

Congratulations on your decision to stop using tobacco products! We have received a referral indicating your desire to quit. The use of smoked and/or smokeless tobacco is a leading cause of preventable death and disease in our country.

Quitting tobacco may be the most difficult, yet most rewarding thing that you will do in your entire life. The Naval Hospital at Jacksonville and your provider are here to help you.

We offer different programs and aids in helping you 'kick the habit'. Please call our Tobacco Cessation Coordinator to make an appointment to discuss one of the most important decisions of your life.

Brooke Keen, RN
904-542-5292

Good luck with your effort. We are proud of you for giving it a try.

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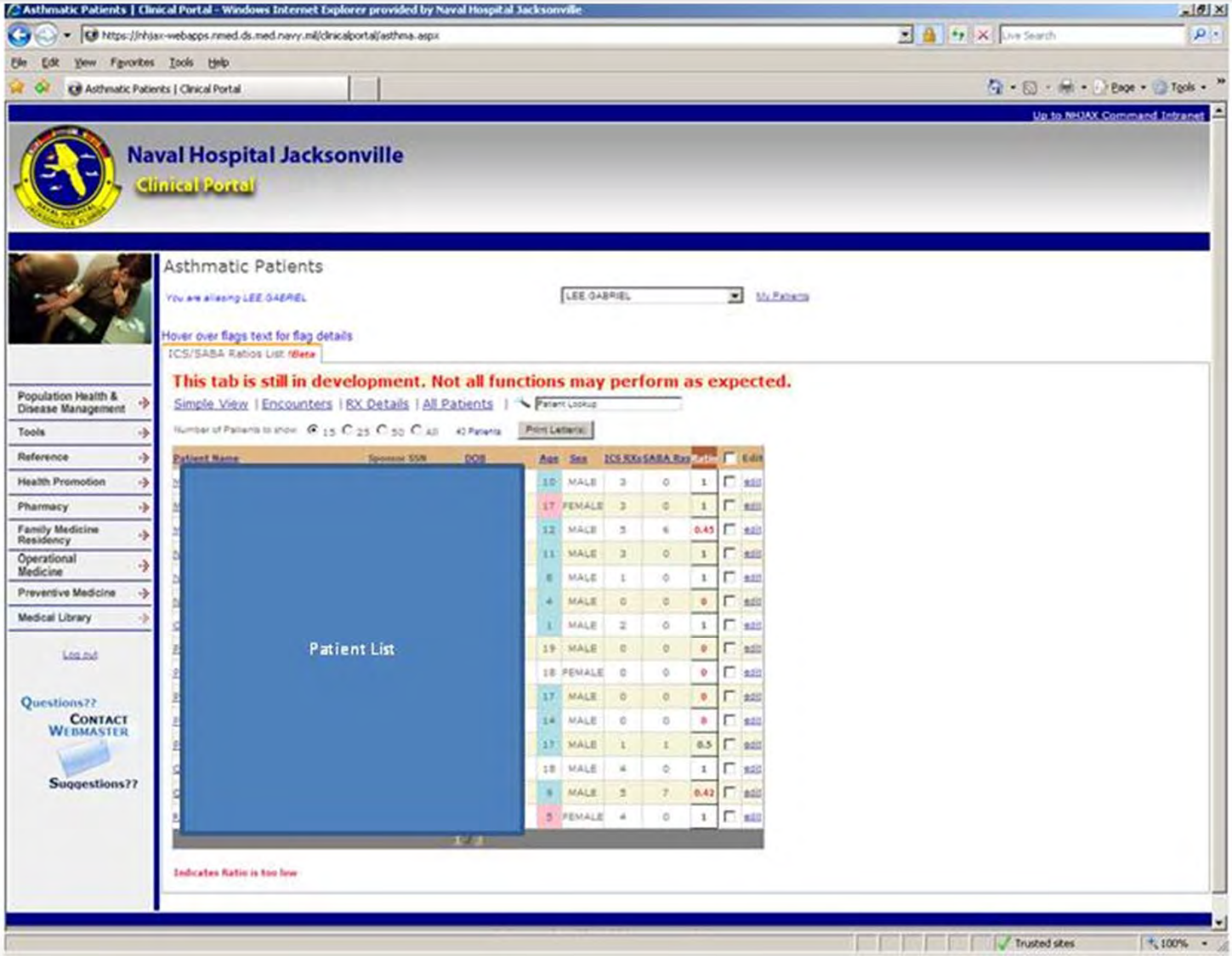
We measure SABA Ratios to better determine asthma risk.



Clinical Data Mart gives us metrics to make decisions with.

- Allows precise tracking % of pregnant Moms who have been immunized for seasonal Flu (**53.1%** as of 17 December!).

- Room to grow: using CDM to pull data to push adult immunizations.

Growing still: Creative uses of CDM.

- Clinical Data Mart (CDM): Rates of change in BMI for Healthy Weight consults. Can help to more precisely manage our Wellness programs.

- Does SHIPSHAPE class help patients to lose weight?
- Does an internet based program to follow patients enrolled to Healthy Weight help?

Many Hands Make Light Work

Questions?

CAPT Joseph McQuade MD

Director Public Health

Naval Hospital Jacksonville FL

Joseph.mcquade@med.navy.mil